

STATE: MINNESOTA
Effective: July 1, 1995
TN: 95-12
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Minnesota

Requirements for Third Party Liability -- Identifying
Liable Resources

(1) Frequency of Required Data Matches

Data matches are currently conducted with State Wage Information Collection Agencies (SWICAs) and SSA Wage and Earnings Files quarterly for recipients and non-custodial parents and monthly for new applicants.

A separate data match is not conducted with the state Title IV-A agency. Minnesota's organizational structure within the Department of Human Services and local human service agencies eliminates the need for a data match to identify information maintained by the IV-A agency. Financial workers determine IV-A eligibility and collect and submit third party liability information directly to the state agency as a result of application, redetermination, and data match follow-up contacts.

The data match with the Department of Labor and Industry for identification of potential workers' compensation benefits is conducted bi-annually for current Medicaid eligibles. A match is conducted by the Office of Child Support Enforcement for non-custodial parents.

A match with the Minnesota Department of Public Safety, Driver and Vehicle Services Division is not feasible at the present time. Records are maintained in a manual paper file which annually receives over 100,000 accident reports. Accident reports contain only information pertaining to the motor vehicle driver which further limits its usefulness. The automated file that would be available does not contain sufficient person-specific data. A copy of correspondence from the Department of Public Safety is attached to document the areas of unfeasibility identified (See Supplement 1).

Follow-up Methods: Data Matches

Local agencies are required to conduct follow-up according to requirements contained in 42 CFR §433.138(d)(1)(i). See Supplement 2.

(2) Frequency of Diagnosis and Trauma Code Editing

Diagnosis and trauma code editing is done on-line on a daily basis. Claims are processed through the Medical Service Questionnaire processing on a two-week cycle.

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An initial inquiry form requiring completion by the recipient is produced based on the diagnosis and trauma codes appearing on a medical claim. Follow-up notices are produced if the first or second notice is not returned with the information completed.

Follow-up Methods: Diagnosis and Trauma Code

The Department's *Combined Manual* (also called the *Certification Manual*) describes the procedure used to identify and follow-up claims which fail diagnosis and trauma code editing. See Supplement 3 for background information regarding these procedures.

Completed survey forms are received by the Department and reviewed for probability of a third party liability. A file is opened in the third party recovery unit at the point the Department identifies that:

- (1) there is a potential source of third party payment;
and
- (2) it has paid medical or subsistence benefits related to the injury.

The time frame for incorporation of information into the third party liability case file or data base is two weeks from the date factors (1) and (2) are determined. The determination of these factors takes an average of 30 days from the date the completed form is received by the Department.

A program was developed to allow the Department to identify diagnosis codes with the highest recovery yields. The program is run biannually and can be run on request.

Follow-up Methods: Motor Vehicles

Data match not currently done due to insufficient person-specific data available in accident record base. See Supplement 1.

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V.2.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Minnesota

Requirements for Third Party Liability -
Identifying Liable Resources

(1) Frequency of Required Data Matches

Data matches are currently conducted with State Wage Information Collection Agencies (SWICAs) and SSA Wage and Earnings Files quarterly for recipients and non-custodial parents and monthly for new applicants.

A separate data match is not conducted with the state Title IV-A agency. Minnesota's organizational structure within the Department of Human Services and local human service agencies eliminates the need for a data match to identify information maintained by the IV-A agency. Financial workers determine IV-A eligibility and collect and submit third party liability information directly to the state agency as a result of application, redetermination, and data match follow-up contacts.

The data match with Department of Labor and Industry (DOLI) for identification of potential workers' compensation benefits is conducted bi-annually for current Medicaid eligibles. A match is conducted by the Office of Child Support Enforcement for non-custodial parents.

A match with Minnesota Department of Motor Vehicle is not feasible at the present time. Records are maintained in a manual paper file which annually receives over 100,000 accident reports. Accident reports contain only information pertaining to the motor vehicle driver which further limits its usefulness. A copy of correspondence from the agency is attached to document the areas of infeasibility identified (See Supplement 1).

(2) Follow-up Methods: Data Matches

Procedures have been issued to local agencies to implement the follow-up requirements contained in (d) (1) (i). (See Supplement 2.) Local agency compliance with requirement will be reviewed in the Medical Assistance Administrative Review conducted annually in each local agency.

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Frequency of Diagnosis and Trauma Code Editing

Diagnosis and trauma code editing is done on a bi-weekly basis relative to claims paid in the previous warrant writing period.

An initial inquiry form requiring completion by the recipient is produced up to one time per year based on the diagnosis and trauma codes appearing on a medical claim. Follow-up notices are produced if the first or second notice is not returned with the information completed.

(3) Follow-up Methods: Motor Vehicles

Data match not currently done due to lack of automation of accident records.

(4) Follow-up Methods: Diagnosis and Trauma Code

Medical Assistance Program manual material describes the procedure used to identify and follow-up claims which fail diagnosis and trauma code editing. See Supplement 3 for supplementary background information regarding these procedures.

Completed survey forms are received by the state agency and reviewed for probability of a third party liability. A file is opened in the third party recovery unit at the point we have identified:

- (1) There is a potential source of third party payment, and
- (2) The state agency has paid medical or subsistence benefits related to the injury.

The time frame for incorporation of information into the third party liability case file or data base would be two weeks from the date factors (1) and (2) are determined. The determination of factors (1) and (2) would take an average of 45 days from the date the completed form is received by the state agency.

A program was developed to allow the Department to identify diagnosis codes with the highest recovery yields. The program is scheduled to be run biannually and can be run on request.